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SERIAL NUMBER 09/593,785	FILING DATE 06/14/2000 RULE	CLASS 052	GROUP ART UNIT 3635	ATTORNEY DOCKET NO. Ap32438.70121
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APPLICANTS

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**** CONTINUING DATA** *Yes* *cu* *****
 This appln claims benefit of 60/139,421 06/16/1999

**** FOREIGN APPLICATIONS** *None* *cu* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 08/17/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *cu* Initials *cu*

ADDRESS
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TITLE
 Expansion joint cover with modular center

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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